## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

Page 1 of 17

2019 SEP - 3 PM 12: 32 Do Not Mark in This Space For Official Use Only

### COVER PAGE

		Y BORE TROPE		
1. NAME OF COMMITTEE		N.D.W.		
Rossern Fo	R Council	7		
2. TREASURER NAME			, , , , , , , , , , , , , , , , , , , ,	
First	MI	Last		Suffix,
HELEN CHARM	LAINE	CRAIG		M3
3. TREASURER ADDRESS	·.			
171 Sherprook	e Ave	HANT FUND	State O/	Zip Code T6/07
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete			6. DISTRICT NUMBER
(mm/dd/yyyy) 11/05/2019	01	our als		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			<u> </u>
First	MI	Last O		Suffi
MARILYN		1905 Se-61		Ms.
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	7th day preceding primary	7 th day preceding referendum		tribution or Disbursement
☐ April 10 filing	/ □ 30 days following primary	y ☐ 45 days following referendum	(PACs ONLY)  Amendmen	
☐ July 10 filing	☐ 7th day preceding election	n □ Deficit	Type of Rep	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)			
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
-	7/01/2019	thru 9/81/2019	, <del></del>	
10. CERTIFICATION	······································	***************************************		· .
I hereby certify and state, under positive of the perfect of the p	State overed is true, accurate	hat all of the information set forth on this ate and complete.  Eleh Channaine ( Eleh Channaine ( Erint name of signer	A	npaign Finance  9/3/2019  DATE (mm/dd/yyyy)
A person who is j	found to have knowingly and	d willfully violated any provisions of the	campaign fina	nce statutes

faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

STIN	MM	$\Delta RV$	$\mathbf{p}_{\mathbf{A}}$	CE	TOTA	2.TA
レシエ	LBATRA	A 11 K	a /~v		# % # H /-	# 11 11 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	(A)
ROSSETTI FOR Councin	7 DAY RECORD	ng fremany
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$5638-20	
13. Contributions Received from Individuals (Sections A and B)	\$ 1125.00	\$6095.00
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$1125 00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 6763-20	
19. Expenses Paid by Committee (Section P)	\$ 4623-52	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$ 2139 - 68	
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		****
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		***
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE			TYPE OF REPORT	Λ Α
ROSSETTI FOR COU	nah		Fitteday K	ececdour Frama
A. Total Contributions from S (See instructions for definition of Small	mall Contributors-Receiv	red this Period ONLY SUBTOTAL SECTION A	\$	)
	R. Itemized Co	ntributions from Indivi	duals	
Last Name	<i>D.</i> 1000000	First	uaais	MI
MUTENSKY		John		2
	u <b></b> E	West Hantfor	d	State Zip Code CT 86117
Senior Vice Preside	ent	Bank of A	merica	***************************************
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ty, Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	No If yes, indicate which bra	state contractor or prospective stanch or branches	у <b>∕√</b> Ди	
Method of Contribution:	of government the contrac	Date Received	Legislative /	
☐ Cash Personal Check ☐ Credit/Debit C	ard □ Payroll Deduction □ Money	Order MING		
Last Mune  KAUSH		CYN THIA		MI A
Residential Street Address		City		State Zip Code
305 SLATER R	δ	NEW Brit	ain	CT 06053
Principal Occupation		Name of Employer	1 1 1.	11 5 4 1 1
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400	Integra	Ted "AyY"	u sorumens
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is associated with have a contract  Yes  No	with said municipality	n
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Is contributor a principal of a  If yes, indicate which bra of government the contract		ate contractor?	
Method of Contribution:	of government the contract	Date Received	Aggregate Contributions	
☐ Cash Personal Check ☐ Credit/Debit C	ard Payroll Deduction Money	Order 7/25/11		·
Last Name  ZEMKN		Pirst Mare J		MI
Residential Street Address 43 IRO Quo75	ROAD	Mbot Home	t Lad	State Zip Code CT 0611-7
Principal Occupation		Name of Employer Self-thy	70100	
	age ment			
Is contributor a lobbyist, pouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract    Yes No	re officer of a municipality with said municipality	Amount of Contribution  \$\int \beta \left( \delta \cdot \cdot \tau \tau \cdot \tau \tau \tau \tau \tau \tau \tau \ta
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #			ate contractor?	es T LO -
Method of Contribution:	or government the contrac	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ redit/Debit C	ard □ Payroll Deduction □ Money	/ Order		And the state of t
		SUBTOTAL Section B-	—This Page	\$250-50
		FOTAL of additional Sect	tion B Pages	\$ 875.00
TOTA	L OF ALL CONTRIBUTION	S FROM INDIVIDUALS (So (Enter total on Line 13 of Summ		51125.08

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
KOSSETTI FOR Councils	7th dry Kreceding Vrim
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ '
B. Itemized Contributions from Individual States of the Individual Stat	**************************************
Last Name Kernelly First John	MI
Residential Street Address   City   Got SCARBOCOUGH Street   Hant-ford	State Zip Code 7 06105
Principal Occupation Name of Employer	<b>A A C C</b>
ATTORNEY Kennelly	
Is contributor a lobbyist, sphuse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief exceptive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1?  Yes If yes, indicate which branch or branches	<b>□</b> V No
If yes, list Event # of government the contract is with: Executive  Method of Contribution: Date Received	Legislative /
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Triggergane Commonitoria
Last Name / First	I Mi
PERENS BREWSTER	
Residential Street Address City	State Zip Code
25 Byshop Road West Hmit	ford CT bag
GlebA Insurance Broken Willis	Georp P/C
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a state contractor or prospective state   If yes, indicate which branch or branches   If yes, indicate which branches   If	te contractor? Yes No \$100-50
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8 6 19	
MARIOTTI First	L M
Residential Street Address  City  Alan 1/4 and	State Zip Code
75 SFA Street New Hoven Principal Occupation Name of Employer	9 06519
Principal Occupation  Rame of Employer  HWTB  Is contributor a labbuist space.   Ves. If contribution is in excess of \$400 to a candidate for a chief executive	· · · · · · · · · · · · · · · · · · ·
Is contributor a lobbyist, spouse,	e officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	e contractor? Yes A 40 - D
Method of Contribution:  Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 7/29/19	
SUBTOTAL Section B — This	Page \$390 - 80
TOTAL of additional Section B P	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 2)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
ROSSETTI FOR Counal	7th day Br	acord a louis	
A. Total Contributions from Small Contributors-Received	I this Period ONLV		ecceding mini
	BTOTAL SECTION A	\$	
B. Itemized Cont	ributions from Indivi	duals	
Last Name O	First ,		MI
VERKINS .	JUDITH		
Residential Street Address Ci	y I	0 1 8	tate Zip Code
25 Bishop Road	West HART	ford	
Principal Occupation	Name of Employer		
,			
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to	a candidate for a chief executive	c officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she is valued at more than \$5,000?	associated with have a contract	with said municipality	
Is this contribution associated with an  Yes Is contributor a principal of a star			11 53
event reported in Section L1? If yes, indicate which branch of government the contract is		☐ Legislative	\$60.00
Method of Contribution;		Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money O		20 0	
Last Name.	First		I MI
$I = I \setminus A \setminus A$	Albert		
Presidential Street Address Cit	. I	T <sub>S</sub>	ate Zip Code
204 Old Main Street	Rock IL	7	+ 06067
Principal Occupation	Name of Employer	<u>, , , , , , , , , , , , , , , , , , , </u>	1 00007
Brofessor	Clairersit	1 of Horat	food
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executive associated with have a contract of Yes No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of government the contract if yes, list Event #	h or branches	e contractor? Yes	\$100.00
Method of Contribution:		Aggregate Contributions	
☐ Cash ☐ Personal Check			
Last Name	First A		MI
Morrarty	Morian		
Residential Street Address	y 11	$\mathcal{L}_{\mathcal{L}}$	tate Zip Code
1644 Main Street	EASC HAMI	ford C	T 06108
Principal Occupation	Name of Employer	p.L	
EA	13/4TC 07	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a stat		contractor?	\$25.00
event reported in Section L1? No If yes, indicate which branch of government the contract is		Lacidativa XXVo	PCO
Method of Contribution:	S with: Executive    Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check 🏋 Credit/Debit Card ☐ Payroll Deduction ☐ Money O	rder	_	
		n #10	5. OD
	TAL Section B — This	9710	9.00
	f additional Section B P		
TOTAL OF ALL CONTRIBUTIONS FROM I (Enter total on Line 13,	NDIVIDUALS (Sections A Column A of Summary Page 1		

# I. MONETARY RECEIPTS (Sections A-K)

Page 3 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
0		$\alpha$	- D
A. Total Contributions from Small Contributors-Received the	hic Davied ONLY	7th day Kre	ceeding Kimpa
	OTAL SECTION A	\$	J
		- Boldstall managers - 200 february	egicini 1970 tibadah mengapan menggapan yang dari bahar kan panggapan terapakti samun
D. Howized Countil			
B. Itemized Contrib	outions from inclivit	iuais	I MI
Bascetta Residential Street Address	Joseph		1741
796 Prospect Avenue (4)	Ant Ford	2	State Zip Code  T 26 105
Principal Occupation Retalter	Name of Employer Set f - Em	ployel	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a car does contributor or business he/she is assovalued at more than \$5,000?	ndidate for a chief executive	officer of a municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a state co If yes, indicate which branch or of government the contract is with the contract	ontractor or prospective state branches	∕Q No	\$250.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Aggregate Contributions	14
Lust Name Fir			MI
Residential Street Address City	Shelley		
56 Brewster Road W	est Hout-fi	ord s	Zip Code  Zip Code  Zip Code
Retirel	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a can does contributor or business he/she is assoc valued at more than \$5,000?	didate for a chief executive of ciated with have a contract w  Yes  Yes	officer of a municipality, ith said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contributor aprincipal of a state contributor	branches	<b>X</b> 1−No	\$50.00
Method of Contribution:		ggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	P/30/19		
Last Name Fire	st		MI
Residential Street Address City			
		St	ate Zip Code
Principal Occupation	Name of Employer	·	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a cand does contributor or business he/she is associvalued at more than \$5,000?	didate for a chief executive of iated with have a contract with Yes \( \sqrt{\text{No}} \) No	officer of a municipality, the said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state con  If yes, indicate which branch or boof government the contract is with	ranches	ontractor? Yes No	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		ggregate Contributions	
	L Section B — This Pa	age \$300.	क्र
	ditional Section B Pag		~ 0
TOTAL OF ALL CONTRIBUTIONS FROM INDI- (Enter total on Line 13, Colum	VIDUALS (Sections A +	· B)	

NAME OF COMMIT			TYPE OF REPORT	$ \rho$
KOSSETTI	FOR COUNCIL		1th Day 18	ecesiding Kuma
Name of Dayso	P. Ex	penses Paid by Committe		Tues is a
Name of Payee Awshin	Perkins	,	Date of Payment $7/tt//q$	Method of Payment:
Street Address  25 Big	Show Road	City Wood Hay	Hod	State Zip Code CT 5607
Purpose of Expenditure (by code)	Description Re-fund		Event #	Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Ad	Idendum P Required Coord	inated with reimbursement sought	\$250.00
(if applicable)	☐ Coordinated without reimbursement sought ☐	Independent  Organization: 0 A		-
Name of Payee US	Post Office		Date of Payment 9/15/19	Method of Payment:  Check # 0094  Debit Card
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description Sham 16	·	Event#	Amount 457 - 875
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Ad		inated with reimbursement sought	
Name of Payer Helen	Chramat CRAis	:	Date of Payment 7/15/16	Method of Payment:  Check # D598
Street Address 171 Sher	broshe NE	HR Hord		State Zip Code CT OUD
Purpose of Expenditure (by code)	Description TRANSMEN Dusties		Event#	Amount # 255 . D
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Ad		inated with reimbursement sought	7230
Name of Payce  HANT FO  Street Address	RD DEMOCRATIC [	DWW COMMITT	Date of Payment  126/19	Method of Payment:  Check # 00 99  Debit Card  State  Zip Code
Purpose of Expenditure (by code)	Description DOWATEON	I	Event#	Amount 570
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Ad		inated with reimbursement sought	\$1500.00
		SUBTOTAL Section	on P — This Page \$ 2	:052.80
		TOTAL of additiona	l Section P Pages	
TOTAL OF	ALL EXPENSES PAID BY COMMIT	TEE (Enter total on Line 19 of Su	mmary Page Totals)	

SEEC FORM 20

### IV. EXPENDITURES (Sections P-T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Filing Repository)	TYPE OF REPORT	Ω
ROSSETTI FIA COUNCIN	7th da R	reeding Frimm	
	P. Expenses Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
Budget Kiners		8/12/16	Check # / O / Debit Card DEFT
Street Address	City	1 1 11 11 11	State Zip Code
1718 Park Street	Hantford		F 5606
Purpose of Expenditure Description (by code)  A-SIGN 100 1 awn Sign	6	Event #	Amount
A-SIGN 160 1800 Sign Expenditure # Type of Expenditure # Homization in Adden	S dum P Required unless "None of the below" i.		\$1186-87
(if applicable) Type of Experimente (Hemization in Addenti	um F Required unless 14one of the below 1.	s спескеи)	
Coordinated with reimbursement sou			
Coordinated without reimbursement	sought (in-kind contribution)	Date of Payment	Method of Payment:
115 Part 190		chr. h.	☐ Check # <u>00 /00</u>
Street Address	City	18/19	Debit Card DEFT
SHEEL AUDIOS	City	, ,	State Zip Code
Purpose of Expenditure Description		Event #	Amount
10ST Stamps			
Expenditure # Type of Expenditure (Itemization in Addeng	lum P Required unless "None of the below" is	: checked)	\$55-00
(if applicable)  None of the below	•	,	
☐ Coordinated with reimbursement sou ☐ Coordinated without reimbursement s			
Name of Payce	_ Grgantz	Date of Payment	Method of Payment:
Mellissa CRAIG		8/18/19	© Check # /26.  □ Debit Card □ EFT
Street Address	City	1 1 7 0 1 7	State Zip Code
77 Williams St.	Hantfood	,	C4 10/12
Purpose of Expenditure Description	al danger of	Event #	Amount
MISC Phymeet for Eco	nomenty treat		\$126.00
(i) appricable)	dum P Required unless "None of the below" i	is checked)	7,5-0
None of the below ☐ Coordinated with reimbursement so	ight (joint expenditure)	endent	
Coordinated without reimbursement		zation: o A o B o C o D	·>-
Name of Payee		Date of Payment	Method of Payment:
Rolanda Schande		8/23/19	☐-Check # <u>/ 2</u> <del>/ </del> ☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
Oakland Gennatu	Hantford	-	OT olopo
Purpose of Expenditure (by code)  WAGTE Description  Anyment for Office	Staff	Event #	Amount
	lum P Required unless "None of the below" i	s checked)	1 P100 - 00
None of the below	1		
		ndent zation: o A o B o C o D	
	SUBTOTAL Section P -	-This Page # 1 16	6-84
:.	TOTAL of additional Sect	ion P Pages	· · · · · · · · · · · · · · · · · · ·
	OF ALL EXPENSES PAID BY COL Enter total on Line 19, Column A of Summar	<b>■</b>	

SEEC FORM 20

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
ROSSETT			7 do 15 Pag	CEENIN POIMA
The state of the s		Paid by Committee	and the second s	And the state of t
Name of Payee  Budget	Printers		Date of Payment 8/27/19	Method of Payment: Check # / 6 2 Debit Card EFT
1718	Ambr Sheet	Hantfood		State Zip Code  CT Ole Cole
Purpose of Expenditure (by code)  H S ( & W )	1000 Palm Cool	v	Event #	Amount \$1,082 - 42
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) 🔲 Independ	ent ion: OAOBOCOD	, ,
Famuly Street Address	Sellan Stone	C.	Date of Payment S28/19	Method of Payment:  Check #  Debit Card  EFT
Marin	Street	Hantford	, ,	State Zip Code  CH Ole U D
Purpose of Expenditure (by code)  MSC	Saarls for campayn	HB	Event #	Amount \$21-42
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	) 🔲 Independe	,	
Name of Payee	**************************************		Date of Payment	Method of Payment:  Check #  Debit Card  EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	1	Event #	Amount
Exponditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) 🔲 Independ	lent	
Name of Payce			Date of Payment	Method of Payment:  Check #
Street Address		City		Debit Card DEFT  State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contril	) 🗀 Independe		
	SI SI	UBTOTAL Section P	This Page \$\int\{\in\{\in	3-85
http://www.marken.com	TO	FAL of additional Section	n P Pages	
	TOTAL OF ALL EXPEN	NSES PAID BY COM 19, Column A of Summary 1	2	

NAME OF COMMIT	ree .			- Ty	PE OF REPORT		$-\rho$
Rosse		nah		7		e reo Ai	ing Prima
7,05,20	T. Itemization of R	gada amening belief belief between englighe gade en der	s to Committee Wor	rkers and	Committee of the commit	CI SCM	7
Last Name of Worker/Co	nsultant	First		MI	Date of Payment	Method of	Payment:
CRAFG		Helen	Charme	V Ni	7/15/16		Check #0095 Debit Card
Secondary Payee		Process		P 10	1700		
							,
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City			State	Zip Code
141 St	Description  TROKERO	VE	Harit food			CT	06/86
Purpose of Expenditure (by code)	Description	1 1	•	Event #		A	mount
RMB	330 REKURON	2 dutre	<u> </u>			145	50.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemi:	zation in Addendum	T Required Coordin		mbursement sought	1 1 2	J. V
	Coordinated without reimbursement	nt sought 🔲 Indepen	dent 🗆 Organization: o A	o B o C	o D o E		
Last Name of Worker/Co	nsultant	First		MI	Date of Payment	Method of	Payment: 127
Schand		Roland	a		7		Debit Card
Secondary Payee	, <b>v</b>	, v		1		L	
Street Address	·····		City		***************************************	State	Zip Code
Ochlar	d leanant		Hant Lord	1		CT	D6117
Purpose of Expenditure	d Tennaer Description Payment for		12(1110)	Event #			mount
(by code)	Pro + Pro	Herc	1 1200			, .	mount
Expenditure #	Type of Expenditure (if applicable) Itemi	vation and dendum	T Required Scoordin	nated with re	imbursement sought	15/2	10.00
(if applicable)	☐ Coordinated without reimburseme				_	"	
Last Name of Worker/Co		First		MI	Date of Payment	Method of	Darmont
Last rame of worker/co.	iisiitatit	Pust		IVII	Date of Fayment		Check #
						1 []	Debit Card
Secondary Payee							
Street Address			City			State	Zip Code
							harm
Purpose of Expenditure (by code)	Description			Event #		A	mount
							-
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemi:	zation in Addendum	T Required 🔲 Coordin	nated with re	imbursement sought		
	☐ Coordinated without reimburseme	nt sought 🗖 Indepen	dent Organization: O A	0 B 0 C	o D o E		-
	-					<u> </u>	
	Test.						
		entina a pilota politico fortina antino como entre o transcente		and the second s	Missional retraction		
			SUBTOTAL Section	on T — Th	is Page │	20).	7
						<i>J</i> 10	
			TOTAL of addition:	al Section I	C Pages		
TOTAL OF	ALL REIMBURSEMENT T	O COMMITTE	E WORKERS AND O	CONSULT	TANTS		
		,,,		, .,			